

<b>Case Number:</b>	CM13-0029855		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 26 year-old patient sustained a low back injury on 8/16/12 from lifting a 5 gallon can of transmission fluid while employed by [REDACTED]. Request(s) under consideration include Lumbar Epidural Steroid Injection to the Right L4-L5. Diagnoses include right lumbar radiculopathy/ radiculitis. MRI of lumbar spine dated 4/4/13 showed minimal mild spondylosis at T12-L1, L2-3, and L4-5; small chronic residual disc protrusion at L4-5 without neural foraminal or canal stenosis; sacralization of L5; little changed from previous MRI of 10/23/12. Report of 7/12/13 from nurse practitioner noted patient with continued low back pain with unchanged % improvement. The patient was on long-term Zanaflex, Norco, and Celebrex; concerned for elevated LFTs; patient noted no change in his condition and request for Norco refill. He has been followed for L5-S1 lumbar strain. Exam showed stable vitals, Awake/ alert, no distress; clear sclera, no jaundice. Treatment plan included refill of Norco, discontinue Celebrex and f/u with PCP for LFTs. Report of 8/22/13 from the provider noted patient with ongoing chronic low back pain radiating down right leg to foot and heel with occasional rare episodes of feeling weak; pain rated at 5-7/10. Exam showed antalgic gait; lumbar flex/ext/lateral bending L./R. of 45/15/35/45 degrees respectively; positive right Patrick's test; decreased DTRs at left patellar and ankle when compared to right 2/2; right EHL with 4-5/5 motor strength and decreased pin prick at right L5 dermatome. The request(s) for Lumbar Epidural Steroid Injection to the Right L4-L5 was non-certified on 9/17/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lumbar Epidural Steroid Injection to the Right L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities by the patient to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Lumbar Epidural Steroid Injection to the Right L4-L5 is not medically necessary and appropriate.